

# PART A

SUPPORTING STATEMENT FOR

## **Cross-Site Evaluation of the Infant Adoption Awareness Training Program**

Extension of a Currently Approved Information Collection

OMB Control Number: 0970-0371

Submitted by

Department of Health & Human Services  
Children's Bureau  
Washington, DC

Contact person(s):

Patricia Campiglia  
Children's Bureau  
Administration on Children, Youth and Families  
1250 Maryland Avenue, SW  
Portals Building, Eighth Floor  
Washington, DC 20024  
202/205-8060  
[Patricia.Campiglia@acf.hhs.gov](mailto:Patricia.Campiglia@acf.hhs.gov)

Matthew McGuire  
Children's Bureau  
Administration on Children, Youth and Families  
1250 Maryland Avenue, SW  
Portals Building, Eighth Floor  
Washington, DC 20024  
[Matthew.McGuire@acf.hhs.gov](mailto:Matthew.McGuire@acf.hhs.gov)  
202/205-7270

## TABLE OF CONTENTS

	Page
<b>SECTION A: JUSTIFICATION</b>	<b>2</b>
1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY	3
2. PURPOSE AND USE OF THE INFORMATION COLLECTION	5
3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION	7
4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION	7
5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES	8
6. CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY	8
7. SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5	8
8. COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE THE AGENCY	8
9. EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS	9
10. ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS	9
11. JUSTIFICATION FOR SENSITIVE QUESTIONS	9
12. ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS	9
13. ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORD KEEPERS	10
14. ANNUALIZED COST TO THE FEDERAL GOVERNMENT	10
15. EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS	10
16. PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE	10
17. REASON(S) DISPLAY OF OMB EXPIRATION DATA IS INAPPROPRIATE	11
18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS	12
<b>SECTION B: STATISTICAL METHODS</b>	<b>13</b>
1. RESPONDENT UNIVERSE AND SAMPLING METHODS	14
2. PROCEDURES FOR THE COLLECTION OF INFORMATION	15
3. METHODS TO MAXIMIZE RESPONSE RATES AND DEAL WITH NONRESPONSE	16
4. TESTS OF PROCEDURES OR METHODS TO BE UNDERTAKEN	17
5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS AND INDIVIDUALS COLLECTING AND/OR ANALYZING DATA	18
<b>REFERENCES</b>	<b>19</b>

### APPENDICES:

**APPENDIX A: LEGISLATION**

**APPENDIX B: BEST PRACTICE GUIDELINES FOR THE INFANT ADOPTION AWARENESS  
TRAINING PROGRAM**

OMB Form 83-I Supporting Statement:

Cross-Site Evaluation of the Infant Adoption Awareness Training Program

**Section A: Justification**

## **1. Circumstances making the collection of information necessary**

The Administration for Children and Families' (ACF) Children's Bureau (CB), is requesting extension of the OMB-approved data collection instruments used in the Cross-Site Evaluation of the Infant Adoption Awareness Training Program (IAATP). The survey instruments that require extension include the IAATP Trainee Pretest Survey and the IAATP Trainee Follow-up Survey (OMB Control Number: 0970-0371), which have an expiration date of December 31, 2012. These data collection instruments are currently used to determine whether the core objectives of the IAATP are achieved by grantee organizations. Extension of the pretest and follow-up data collection instruments beyond the December 31, 2012 expiration date is necessary in order to complete current cross-site evaluation of the extent to which the IAATP grantees fulfill the key objectives of the new grant period (as stated above). The data collection instruments will also continue to be utilized to determine whether the grantees achieve the core objectives of the IAATP, which include enhancing adoption knowledge within the target population; providing adoption information on an equal basis with all other options; and increasing awareness of community resources for adoption.

In 2006, cooperative agreements were awarded to six grantees in order to provide infant adoption awareness training to approximately 10,000 health care providers each year. In 2011, the grantee organizations were awarded an additional grant, extending their projects for a 17-month period commencing October 1, 2011 and ending February 29, 2013. The purpose of this new project period is for the grantees to enhance, adopt, or adapt their existing IAATP curriculum; implement the modified training; and evaluate the corresponding outcomes of participants in the modified training. Specifically, the new cooperative agreements require the grantees to emphasize and strengthen four training areas that preliminary cross-site evaluation findings indicate require improvement: 1) adoption law, 2) non-directive counseling, 3) adolescent development and the impact on adoption decision making, and 4) adoption types and practices. The new cooperative agreements also require the grantees to increase and maximize penetration of the training within the target population of eligible health care providers.

The grantees' modified curricula were implemented in April 2012. Extension of the data collection is necessary in order for the national cross-site evaluation activities that are underway to be completed. These activities are particularly focused on assessing the extent to which the IAATP grantees fulfill the training requirements specified by ACF for the 17-month grant period ending in FY2013 and trainee outcomes show improvement in the four identified content areas.

### *Legislative Background and Purpose*

Title XII, Subtitle A, of the Children's Health Act of 2000 (CHA) authorizes the Department of Health and Human Services to make Infant Adoption Awareness Training grants available to national, regional, and local adoption organizations for the purposes of developing and implementing programs that train the staff of public and non-profit private health service organizations to provide adoption information and referrals to pregnant women on an equal basis with all other courses of action included in non-directive counseling of pregnant women. The core training requirements include: 1) enhancing adoption knowledge within the target population; 2) providing adoption information on an equal basis with all other options; and 3) increasing awareness of community resources for adoption.

The funded adoption organizations agree to make every effort to ensure that the recipients of the training are “the designated staff of eligible health centers” as specified in the grant. As defined in the legislation, these entities include: (a) eligible health centers that receive grants under authority contained in Title X of the Public Health Service Act (relating to voluntary family planning projects); (b) eligible health centers that receive grants under Section 330 of the Public Health Service Act (relating to community health centers, migrant health centers, and centers serving homeless individuals and residents of public housing); and (c) eligible health centers that receive grants under the Children’s Health Act of 2000 for the provision of services in schools (subsection (a)(5), 42 USC 254c-6(a)(5)(C)). “Designated staff” include individuals who provide pregnancy or adoption information and those who will provide such services after receiving the training. Specifically, the target population of trainees are the staff of Title X (voluntary family planning projects), Section 330 (community, migrant, homeless and public housing health centers), and health centers that receive grants under the Children’s Health Act to provide services in schools. A copy of the authorizing Infant Adoption Awareness legislation follows in Appendix A.

Section 1201(a)(2)(A) of the IAATP legislation also requires grantees to develop and deliver trainings that are consistent with the *Best Practice Guidelines for Infant Adoption Awareness Training* established by HHS in consultation with experts from adoption and associated fields. The IAATP guidelines outline training goals, basic skills, curriculum and training structure. A copy of the guidelines is provided in Appendix B.

According to the Best Practice Guidelines for the Infant Adoption Awareness Training Program, grantees are required to provide training in the following areas:

- State laws and legal issues pertaining to adoption
- Impacts of MEPA and ICWA on the adoption process
- Influence of family and community on client decision-making
- Differences between counseling adolescent and adult women
- Psychological/emotional reactions experienced by birth parents
- Basic knowledge and skills for counseling individuals experiencing an unintended pregnancy
- Availability and accessibility of adoption services in the community

### *National Evaluation Requirements*

As in the previous grant period, each grantee is required to participate in the national cross-site evaluation of the extent to which the IAATP training objectives are met. The Infant Adoption Awareness Training Program Trainee Survey is the primary outcome data collection instrument for the national cross-site evaluation. Respondents complete the survey prior to receiving the training and approximately 90 days after the training, which provides an assessment of the extent to which trainees demonstrate sustained gains in their knowledge about adoption, and the impact of the training on their subsequent work with pregnant women.

Extension of the pretest and follow-up data collection instruments beyond the December 31, 2012 expiration date is necessary will enable the national evaluation contractor to complete the

cross-site evaluation of the extent to which the IAATP grantees fulfill the key objectives of the new grant period (as described above). The data collection instruments will also continue to be utilized to determine whether the grantees achieve the core objectives of the IAATP, which include enhancing knowledge, attitudes, skills, and behaviors with respect to adoption counseling within the target population; providing adoption information on an equal basis with all other options; and increasing awareness of community resources for adoption.

## **2. Purpose and use of the information collection**

The *Infant Adoption Awareness Training Program: Trainee Survey* is the primary data collection instrument for the national cross-site evaluation. Data obtained in the survey has been used to inform the Children's Bureau about the effectiveness of the Infant Adoption Awareness Training Program. Pretest and follow-up survey data are compiled and analyzed on an annual basis, and the findings are periodically presented in briefing and report form to the Children's Bureau and ACF Commissioner. These survey findings have provided an objective, quantitative assessment of: 1) the extent to which IAATP training prepares health care and other staff who provide information or counseling services to pregnant women to present accurate and non-directive adoption information, 2) whether participants in the training apply any or all components of the training to their subsequent pregnancy counseling work with women, and 3) the extent to which training outcomes vary in relation to different training formats, curricula, trainee demographics, and/or work setting.

Data collected in the pretest administration of the survey are used to establish participants' baseline knowledge, skills, attitudes, and behaviors prior to receiving the IAATP training. Pretests are completed by the trainees at sampled training sessions before the training session begins. The "follow-up" administration of the survey is conducted approximately 90 days after the training to assess the extent to which trainees' demonstrate sustained gains in their knowledge about adoption, and to determine the impact of the training on their subsequent work providing options counseling to pregnant women.

Cross-site evaluation data were collected on an annual basis throughout the five-year funding period. In addition to informing the Children's Bureau about attainment of training goals, ongoing analysis and reporting of these data has contributed to continuous quality improvement, enabling the federal staff and grantees to identify any areas where modifications may be indicated to improve training processes or trainee outcomes, as was the case in ACF's decision making regarding the current extension of the grant.

Pretest and follow-up versions of the survey require approximately 15 and 10 minutes to complete, respectively. The estimated response time for the follow-up survey includes time for respondents to access the Web-based survey and complete the survey online. Respondents do not need to implement a recordkeeping system or compile source data in order to complete the survey. Where possible, fields in the follow-up version of the survey are pre-filled with static data from the respondent's pretest (e.g., demographics, agency type) in order to further expedite completion of the survey and minimize respondent burden.

Respondents: Infant Adoption Awareness Program Trainees.

### Annual Burden Estimates

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
IAATP: Trainee Survey Pretest Administration...	870	1	0.25	217.5
IAATP: Trainee Survey Follow-Up Administration...	870	1	0.17	147.9

Estimated Total Annual Burden Hours: 365

### 3. Use of improved information technology and burden reduction

Administration of the follow-up survey is primarily electronic, utilizing email notification and Internet-based survey technologies. Using email address information collected at the time of the pretest, the national evaluator will email a notification to all trainees who completed a pretest, inviting them to complete the follow-up survey instrument using one of two options: 1) by accessing a web-link to an online version of the survey; or 2) accessing an attached survey to complete and return via email, mail or fax to the research team. The alternative modes for conducting the follow-up survey for non-respondents have been for research staff to administer the survey by mailing the survey with a self-addressed, stamped return envelope or conducting the survey via telephone.

The majority of trainees have the capabilities to access the web-link to the post-test survey, however the alternative data collection methods are provided as a backup for trainees with limited access to the Internet. The alternative methods enable respondents to elect the response mode that is most convenient and least burdensome.

### 4. Efforts to identify duplication and use of similar information

Since the inception of the current cross-site evaluation, the national evaluation contractor has worked closely with the IAATP grantees and local evaluators to determine the scope of grantee-level data collection efforts and ensure that the timing and content of the cross-site data collection does not duplicate local evaluation efforts. The national evaluator met with the grantees and reviewed each grantee's local instruments and replaced duplicative instruments (i.e., locally-administered grantee pretests) with a single cross-site evaluation instrument that meets both local and national needs. The data elements in the cross-site survey incorporate those items from local grantee instruments that are particularly informative and that address the same concepts addressed in the *IAATP Trainee Survey*. This practice will yield additional efficiency and reduces the risk of burdening respondents with multiple instruments.

The national evaluator administers the pretest and follow-up surveys to persons who attend a sample of IAATP training sessions. The sampled training sessions are then excluded from the grantees' local, site-specific evaluation activities.

JBA's information collection does not duplicate previous cross-site evaluations, including the evaluation funded by the Health Resources and Services Administration (HRSA). In 2001, HRSA initiated a cross-site evaluation of the first IAATP grantees. The HRSA evaluation collected self-report data on the changes trainees perceived in their knowledge and skills six months post-training. The results of that evaluation are not yet public. In contrast, the 2006-2011 Children's Bureau sponsored pre-post test design for the IAATP trainee survey assesses *actual* changes in adoption knowledge, attitudes, and behaviors of trainees. As a result, the evaluation has yielded more reliable findings that can be attributed with greater confidence to the effects of IAATP training and informed ACF's decision to extend the IAATP grantees' work through February 2013.

## **5. Impact on small businesses or other small entities**

In order to minimize respondent burden, subjects who participate in the national cross-site evaluation data collection do not receive additional on-site pretests or follow-up surveys from the IAATP grantees. Respondents to the cross-site evaluation are drawn from the pool of new IAATP trainees (i.e., staff who have not previously participated in IAATP training or been included in any prior IAATP data collection efforts). Individuals included in the national cross-site evaluation sample will continue to be identified to local grantees and evaluators to ensure that they will not be included in local data collection activities that would duplicate or fall within the timeframe of the cross-site data collection. Identifying and eliminating duplication in this prospective manner has fostered cooperation among all stakeholders and promotes a greater response rates among the trainees selected to complete the cross-site instrument.

## **6. Consequences of collecting the information less frequently**

Without the extension of the national cross-site evaluation data activities, ACF and the Children's Bureau will not have the necessary data to ensure that the mandated modifications to the training content and delivery to the intended audience have been achieved. The additional year of data collection will continue to yield data indicating the extent to which the grantees provide health care and other staff with the knowledge and skills required to provide adoption information and/or counseling to pregnant women in the manner specified in the Infant Adoption Awareness legislation.

## **7. Special circumstances relating to the guidelines of 5 CFR 1320.5**

No special circumstances impact the information collection.



## **8. Comments in response to the Federal Register Notice and efforts to consult outside the agency**

One public comment was received in response to the notice of the extension of the information collection published in the Federal Register / Vol. 77, No. 93 / Monday, May 14, 2012 / page 28393.

Efforts to consult with individuals outside the agency for their views on the data collection have included engagement of the IAATP grantees in review of the data collection instruments and data elements and solicitation of their feedback on the method and frequency of data collection.

## **9. Explanation of any payment or gift to respondents**

The evaluation does not include any form of payment or gift to respondents.

## **10. Assurance of confidentiality provided to respondents**

The national evaluator has implemented confidentiality procedures to ensure the privacy of individual survey respondents. Only data that have been stripped of individually identifying information will be maintained in the central data repository. System-generated identifiers are assigned to each respondent, in place of personal information, in order to link the individual's pretest and follow-up data. As an additional protection, all evaluation project staff, including consultants and those with access to the data in disaggregated form, are required to sign a pledge of confidentiality stating that they are aware of and agree to follow the *Procedures for Assuring Confidentiality of Information*.

## **11. Justification for sensitive questions**

The IAATP Trainee Survey does not include questions related to sexual behavior, religious beliefs, or other matters that are generally considered private. No questions are asked about respondents' personal experiences or history related to pregnancy and/or adoption. The impact of the training on trainees' ability to provide non-directive, non-coercive options counseling despite personal attitudes or bias is a critical outcome of the Infant Adoption Awareness Training initiative. Because individual attitudes and biases before and after the training can impact the use of the skills taught in the training, the survey includes five questions regarding opinions about adoption.

## **12. Estimates of annualized burden hours and costs**

Respondents: Infant Adoption Awareness Program Trainees.

Test Iterations – Annual	Estimated Number of Respondents  (a)	Number of Responses per Respondent  (b)	Average Burden Hours per Response  (c)	Estimated Total Burden Hours Requested  (d)  <i>a x b x c</i>	Hourly Wage Rate  (e)	Respondent Cost – Annual   <i>d x e</i>
Pretest	870	1	.25	217	21.21	\$ 4,602.57
Follow-Up	870	1	.17	148	21.21	\$ 3,139.08
				365	21.21	\$ 7,741.65

The estimate of hour burden is annual. Based on the required annual sample size of 58 classes, an average class size of 15 trainees and anticipated targeted response rate of 90%, a total of 870 respondents will be sampled during the grantees’ 17-month extension period. Refer to Section B of this statement, “Collection of Information Employing Statistical Methods,” Items 2 and 3 for a complete description of the sampling plan.

Pretest and follow-up versions of the survey require approximately 10 to 15 minutes to complete. The response time for the follow-up survey includes time for respondents to access the web-based survey, complete the survey online, and submit the survey. Where possible, fields in the follow-up version of the survey are pre-filled with static data from the respondent’s pretest (e.g., demographics, agency type) in order to expedite completion of the survey and minimize respondent burden.

### **13. Estimates of other total annual cost burden to respondents and record keepers**

No additional cost burden will apply for respondents or record keepers.

### **14. Annualized cost to the Federal government**

The total cost to the Federal Government for Years 1-5 of the information collection was estimated to be \$3,309,579, with total annualized cost estimated to be approximately \$661,916. The anticipated cost for the extension period is \$401,700. The total cost includes direct labor costs; other direct costs (including travel, postage, document reproduction costs, telephone service, contract with statistical consultants); and a fee on other direct costs.

### **15. Explanation for program changes or adjustments**

No program change.

The adjustments are the following: a) adjustment to the Estimated Number of Respondents, due to reduction in average class size of the grantees from 25 to 15 trainees since the start of the

information collection; and b) adjustment of Hourly Wage Rate from \$19.46 to \$21.21, based on assumed average salary increases of 3% per year since the start of the information collection.

## **16. Plans for tabulation and publication and project time schedule**

The results of the national cross-site evaluation are analyzed and summarized in periodic briefings, interim reports, and a final report. Reports of research findings have included descriptive analyses, identification of moderating and mediating variables, and the implications of the findings. The findings of this outcome and process evaluation for the current extension period will be summarized and tabulated by the national contractor by December 31, 2013. The final synthesis report of the project's findings for all years will be produced and distributed to the Children's Bureau and each of the six IAATP grantees. The findings of the national cross-site evaluation will also be made available to the public in formats suitable for multiple uses and audiences, such as research briefs, synthesis papers, and final study reports. The goal in producing these publications will not only be to summarize the research findings, but also to highlight key issues and lessons learned.

To date, tabulations of the data for analysis have been obtained from the IAATP survey with training sessions as the Primary Sampling Unit (PSU) in a one-stage cluster design. The sampling weight was the ratio of sampling clusters and total clusters, which were used for all individuals in the sample. To obtain an unbiased inference of population information, both within and between cluster variances were used in calculating standard errors. The analysis was conducted in the three steps described below. SPSS for Windows, version 17 (SPSS INC, Chicago, IL) was used for data management and statistical analyses. A 0.05 significance level was used for all statistical tests. No one-tailed statistical tests were done. Results in the text and tables are presented as mean  $\pm$  SD for continuous variables, and n (%) for categorical variables.

1. The first step was to estimate population demographic characteristics including type of organization, type of funding received, services provided to women with unintended pregnancies, etc. Descriptive statistics were reported to summarize population parameters.
2. The second step in the analysis was to assess the increase in knowledge from pretest to follow-up. The composite scores represent constructs such as increased knowledge of adoption policies, adoption resources, counseling skills, referral to adoption, and changes in attitudes. Paired t-tests were conducted to evaluate the change from pretest to follow-up. Results for paired t-test are presented as the average change  $\pm$  SD between pre and post test scores. A p-value of less than 0.05 was considered to indicate a significant change in pretest to post test scores. **Bonferroni adjustment was used to correct for the effect of multiple comparisons.**
3. The third step was to examine possible moderators. Assuming significant increases in knowledge from pretest to follow-up, a natural inquiry is whether the increase is the same variance for subgroups including type of organization, services provided, and client categories. Sub analyses were conducted; where sample size was appropriate, to

investigate possible moderating factors. Bonferroni adjustment was used to correct for the effect of multiple comparisons. Any further moderator analysis will use linear regression techniques.

**17. Reason(s) display of OMB expiration data is inappropriate**

The OMB expiration date for the information collection will be updated and displayed on the survey instrument.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

No exception is requested to the certification statement identified in Item 19, “Certification for Paperwork Reduction Act Submissions,” of OMB Form 83-I.

